ABSTRACT:

OBJECTIVE:

To assess the fetomaternal outcome of pregnancy with gestational diabetes mellitus(GDM). Antenatal patients with abnormal OGCT were identified and followed up till 6weeks postpartum. The prevalence of GDM during my study period is analysed. The maternal and perinatal morbidity in gestational diabetes mellitus complicating antenatal women was evaluated.

METHODS:

Cross sectional study involving 700 patients for a period of two years at ISO-KGH, Triplicane and IOG, Egmore. All antenatal women were subjected to DIPSI Method: 75g oral glucose challenge test (OGCT) at their first booking visit. Blood sugar 2hours post glucose > 140mg/dl by GOD-POD method were diagnosed as GDM. The patients were followed up from the first booking visit till 6weeks postpartum and were studied for fetomaternal outcome of pregnancy.

RESULTS:

In this study, the prevalence of GDM was 14.85%. In this study, there was an equal prevalence of abortion in both GDM (75%) and non GDM (84.2%) patients. In 19.2% of the GDM patients, there was a positive family history. The recurrence rate of GDM in antenatal women with previous history of GDM was found to be around 11.5% BMI was directly linked with the incidence of GDM. The most common maternal complication seen in GDM mothers was gestational hypertension (17.3%). Others include polyhydramnios, prolonged labour, obstructed labour, caesarean section, uterine atony, postpartum haemorrhage, vaginal candidiasis and progression of retinopathy. Increased caesarean rates were noted in the GDM group. 28.8% compared to normal group 9.4% All infants born to GDM mothers are at

increased risk of congenital malformations, neonatal hypoglycaemia and respiratory distress syndrome.

CONCLUSION:

Women with GDM and their off springs are at increased risk of developing type 2 diabetes later in life. In our postnatal follow-up it was found that 27.8% of the women turned into type 2 diabetes mellitus. Hence considering the risk to the mother and the baby, both during pregnancy and perinatal period, screening of GDM and identifying those at risk is important for subsequent management and reduction of maternal and perinatal morbidity and mortality.

KEYWORDS:

Gestational diabetes mellitus (GDM), oral glucose challenge test (OGCT), neonatal hypoglycaemia, respiratory distress syndrome, type 2 diabetes mellitus.